

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Newaygo County Democratic Executive Committee

ADDRESS (number and street) P.O. Box 146
 Check if different than previously reported. (ACC)
Newaygo MI 49337

2. **FEC IDENTIFICATION NUMBER** C00452854
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Charles Benham

Signature of Treasurer Electronically Filed by Charles Benham Date 07 26 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Newaygo County Democratic Executive Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		15609.01
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	20675.44									
(c) Total Receipts (from Line 19)	5594.05	29298.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26269.49	44907.06								
7. Total Disbursements (from Line 31)	4329.39	22966.96								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21940.10	21940.10								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Newaygo County Democratic Executive Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	22704.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	22704.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	23704.00
12. Transfers From Affiliated/Other Party Committees	5594.05	5594.05
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5594.05	29298.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5594.05	29298.05

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4329.39	22966.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4329.39	22966.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4329.39	22966.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4329.39	22966.96

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	0.00	23704.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	23704.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4329.39	22966.96
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4329.39	22966.96

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 14
(check only one)

11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.

Full Name (Last, First, Middle Initial)
Deano 2nd Congressional District

Mailing Address 2143 Sandcrest St

City State Zip Code
Jenison MI 49428

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5594.05

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA12.4911

Amount of Each Receipt this Period
5594.05

reimbursement for signs, utility, phones, supply

SUBTOTAL of Receipts This Page (optional)	▶	5594.05
TOTAL This Period (last page this line number only)	▶	5594.05

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Att	Transaction ID: SB21B.4855 Date of Disbursement
	Mailing Address Processing Center	<input type="text" value="07"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Saginaw State MI Zip Code 48605	Amount of Each Disbursement this Period
	Purpose of Disbursement phone Candidate Name	<input type="text" value="114.10"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Att	Transaction ID: SB21B.4869 Date of Disbursement
	Mailing Address Processing Center	<input type="text" value="08"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Saginaw State MI Zip Code 48605	Amount of Each Disbursement this Period
	Purpose of Disbursement phone Candidate Name	<input type="text" value="114.06"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Att	Transaction ID: SB21B.4876 Date of Disbursement
	Mailing Address Processing Center	<input type="text" value="09"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Saginaw State MI Zip Code 48605	Amount of Each Disbursement this Period
	Purpose of Disbursement phone Candidate Name	<input type="text" value="114.12"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="342.28"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Bluehost.com <hr/> Mailing Address <hr/> City State Zip Code UT <hr/> Purpose of Disbursement 2nd dis web dep Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4853 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 190.80
	Category/ Type
	Category/ Type

B. Full Name (Last, First, Middle Initial) Consumers Power <hr/> Mailing Address Processing Center <hr/> City State Zip Code Lansing MI 48937 <hr/> Purpose of Disbursement ele Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4852 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 50.27
	Category/ Type
	Category/ Type

C. Full Name (Last, First, Middle Initial) Consumers Power <hr/> Mailing Address Processing Center <hr/> City State Zip Code Lansing MI 48937 <hr/> Purpose of Disbursement ele Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4864 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 66.83
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	307.90
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Consumers Power Mailing Address Processing Center City Lansing State MI Zip Code 48937 Purpose of Disbursement Ele Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4875 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010	Amount of Each Disbursement this Period 52.17
B.	Full Name (Last, First, Middle Initial) Dallas Dean Mailing Address 2531 W. 140th City Grant State MI Zip Code 49327 Purpose of Disbursement parade candy Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4846 Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2010	Amount of Each Disbursement this Period 81.89
C.	Full Name (Last, First, Middle Initial) Dallas Dean Mailing Address 2531 W. 140th City Grant State MI Zip Code 49327 Purpose of Disbursement parade milage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4873 Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2010	Amount of Each Disbursement this Period 200.00

SUBTOTAL of Disbursements This Page (optional)	334.06
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) DTE Gas	Transaction ID: SB21B.4868
	Mailing Address P.O. Box 740786	Date of Disbursement 08 / 27 / 2010
	City Cincinnati State OH Zip Code 45274-0786	Amount of Each Disbursement this Period 30.77
	Purpose of Disbursement gas heat deb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Pat Brissette	Transaction ID: SB21B.4872
	Mailing Address 3993 skyline Dr	Date of Disbursement 09 / 04 / 2010
	City Fremont State MI Zip Code 49412	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement rent	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Ross Pike	Transaction ID: SB21B.4887
	Mailing Address 2955 Elm St	Date of Disbursement 08 / 24 / 2010
	City White Cloud State MI Zip Code 49349	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Travel expansion deb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1280.77
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Eddy Smith	Transaction ID: SB21B.4904 Date of Disbursement 08 / 27 / 2010
	Mailing Address 119 S. Rath	Amount of Each Disbursement this Period 250.00
	City Ludington State MI Zip Code 49431	
	Purpose of Disbursement Insurance	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.4849 Date of Disbursement 07 / 07 / 2010
	Mailing Address	Amount of Each Disbursement this Period 60.40
	City State MI Zip Code	
	Purpose of Disbursement paper dep	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.4874 Date of Disbursement 09 / 09 / 2010
	Mailing Address	Amount of Each Disbursement this Period 377.00
	City State MI Zip Code	
	Purpose of Disbursement copier	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	687.40
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 12 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) U.S Postage service	Transaction ID: SB21B.4850 Date of Disbursement
	Mailing Address 136 W. Wood St.	<input type="text" value="07"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period
	Purpose of Disbursement mailer	<input type="text" value="83.71"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) U.S Postage service	Transaction ID: SB21B.4871 Date of Disbursement
	Mailing Address 136 W. Wood St.	<input type="text" value="09"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period
	Purpose of Disbursement box rent	<input type="text" value="40.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: SB21B.4847 Date of Disbursement
	Mailing Address	<input type="text" value="07"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State MI Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement par candy Dep	<input type="text" value="144.98"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="268.69"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State MI Zip Code Purpose of Disbursement cell phone dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4851 Date of Disbursement 07 / 12 / 2010
	Amount of Each Disbursement this Period 42.27
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State MI Zip Code Purpose of Disbursement office supply dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4854 Date of Disbursement 07 / 23 / 2010
	Amount of Each Disbursement this Period 20.16
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State MI Zip Code Purpose of Disbursement flag ludington Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4859 Date of Disbursement 08 / 16 / 2010
	Amount of Each Disbursement this Period 49.39
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	111.82
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: SB21B.4861
	Mailing Address	Date of Disbursement 08 / 17 / 2010
	City State MI Zip Code	Amount of Each Disbursement this Period 25.37
	Purpose of Disbursement office supply deb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: SB21B.4867
	Mailing Address	Date of Disbursement 08 / 21 / 2010
	City State MI Zip Code	Amount of Each Disbursement this Period 62.82
	Purpose of Disbursement candy par deb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: SB21B.4870
	Mailing Address	Date of Disbursement 08 / 29 / 2010
	City State MI Zip Code	Amount of Each Disbursement this Period 84.76
	Purpose of Disbursement cell phone 2nd dis deb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	172.95
TOTAL This Period (last page this line number only)	3505.87